

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/088678

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		<i>Cancelled</i>			
2		1				
3		2				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12	1					
13		1				
14		1				
15		4				
16		4				
17		1				
18		1				
19		1				
20		1				
21		2				
22		1				
23		1				
24		2				
25		1				
26		1				
27		1	<i>Cancelled</i>			
28						
29			1			
30				1-		
31				1-		
32				1-		
33				1-		
34				2		
35				1-		
36				1-		
37				1-		
38				1-		
39				1-		
40			1			
41				1-		
42				1-		
43				1-		
44				1-		
45				1-		
46				2		
47				1-		
48				1-		
49				1-		
50				1-		
TOTAL IND.	2					
TOTAL DEP.	34					
TOTAL CLAIMS	36					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				1-		
53			1			
54				2		
55				2		
56				2		
57				2		
58			1			
59				1-		
60				1-		
61				1-		
62				1-		
63			1			
64				1-		
65				1-		
66				1-		
67				1-		
68				2		
69				2		
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100						
TOTAL IND.			6			
TOTAL DEP.			46			
TOTAL CLAIMS			52			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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